

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>2/1/00</i>
O.I.P.E. CLASSIFIER		<i>71431</i>	<i>4/4/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			<i>6/14/00</i>

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)..... Canceled                      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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